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Sheet 1

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Col	mplete if Known	
Application Number	10/788,833	
Filing Date	2/27/2004	
First Named Inventor	Dewayne Turner	
Art Unit	3672	
Examiner Name	Gay, Jennifer Hawkin	
Attorney Docket Number	020569-05007	

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
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Examiner Cite	Foreign Patent Document		Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages		
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Examiner Cite	e Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages		
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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known e for form 1449/PTO **Application Number** 10/788.833 INFORMATION DISCLOSURE Filing Date 02/27/2004 STATEMENT BY APPLICANT **First Named Inventor** Dewayne Turner Art Unit 3672 (Use as many sheets as necessary) **Examiner Name** Gay, Jennifer Hawkin Attorney Docket Number Sheet οf 4 020569.05007

Examiner	Cite	NON PATENT LITERATURE DOCUMENTS Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of	
Initials* .	No.1	the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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Examiner	Date	
Signature	Considered	

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